

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Andr w J. Ri s t al.
TITLE: MEDICAL LEAD ADAPTOR

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, *EXPRESS No. EV 331 792 617 US, on this 16th day of July, 2003.

21909 U.S. PTO
10/620710
07/16/03

Sue McCoy
Printed Name
Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- X Patent Application Transmittal
- X Specification:
Total pages: 18 (including claims and abstract: Spec. 11 sheets; Claims 6 sheets; Abstract 1)
- X Drawings:
Total sheets: 8
☐ formal ☒ informal
- ☒ Combined Declaration and Power of Attorney:
☒ executed
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*
- X Accompanying application parts:
☐ Notification of filing a
☒ Assignment of the Invention to Medtronic, Inc.
☒ Assignment cover sheet
☒ Information Disclosure Statement
☒ PTO Form 1449
☒ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application
No. 10/465,158, filed June 19, 2003.
- ☐ Amend the specification by inserting before the first line the sentence: --This application is a _____ of application Serial No. _____, filed _____, now allowed.--
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: ____.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

X Address all future correspondence to: Elisabeth L. Belden, Reg. No. 50,751
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FEE CALCULATION	No. of Claims			No. of Extra Claims	Rate	Fee
	Filed	Claims Included in Base Fee				
Total Claims	18	20	=	0	x 18	0
Independent Claims	4	3	=	1	x 84	84
Multiple Dependent Claims	0			0	+ 280	0
Basic Filing Fee						\$750.00
TOTAL						834.00

- X Charge Deposit Account No. 13-2546 in the amount of **\$874.00** for the filing fee and assignment recordation fee of \$40.00.
- X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date July 16, 2003

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